

04/01/01

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Z Reha</i>	<i>JCS</i>	<i>01-12-2001</i>
RESPONSE FORMALITY REVIEW	<i>Teguest</i>	<i>925</i>	<i>04-30-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final Original	Date
1	Y	4/1/01
2	Y	4/1/01
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4	✓	
5	✓	
6	✓	
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9	✓	
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24	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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